

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PRE-DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY**

**DEPARTMENT DIRECTOR--ALAN RAWLAND, LCSW  
INTERNSHIP DIRECTOR--CHRISTOPHER EBBE, PH.D., ABPP**

**Agency**

The San Bernardino County Department of Behavioral Health is a comprehensive community mental health organization that provides the full range of mental health services to the 2,000,000 or so people in the largest county (in area) in the continental 48 states. The Department has approximately 600 employees, including psychiatrists, social workers, marriage and family therapists, occupational therapists, nurses, case managers, mental health specialists, interns in psychology, social work, occupational therapy, and marriage and family therapy, and 36 doctoral psychologists (34 licensed). Services are provided in the Department's San Bernardino Central Unit, at the new multi-service Behavioral Health Resource Center in Rialto, and at neighborhood and outlying Department regional centers, as well as through contracts with various area private agencies and providers.

**Positions Available**

Six full-time (40 hours per week) and one half-time (20 hours per week) doctoral-level clinical psychology internship positions. (Last year there were 22 applicants for our current 2.5 intern positions.) (It is expected that half-time interns will be in the internship program for two successive years to complete an accredited internship.)

(Applicants should be aware that the current Program Director, Dr. Ebbe, will retire during the 05-06 training year, although this will not affect continuation of the program.)

**Intern Year**

July 1, 2006 - June 30, 2007

**Summary of Service Experiences Available**

A wide variety of clinical experiences is available in this internship, and while interns will be placed in only two programs themselves, they will learn about a number of other programs through case presentations by other interns. All interns will get experience in intake evaluation and disposition; diagnosis; crisis intervention; psychological testing with all types and ages of clients; outpatient individual, conjoint, family and group therapy with clients of all ages; home visits when appropriate; partial hospitalization care (day treatment) (or client clubhouse work); case management; mental health rehabilitation (therapeutic training in life skills); complete clinical documentation and record-keeping; interdisciplinary teamwork; and utilization review processes. The Department supports several client clubhouses. Homeless shelter care exposure and forensic outpatient treatment are also available. The Department has one clinic for clients who

have both psychiatric and substance use problems, and there is also a separate division for substance use treatment alone. The Department has a treatment program for persons on welfare who have a mental health impediment to resuming employment. (The internship provides some training in neuropsychological screening and assessment, but there is no specialist in neuropsychology on staff.) Psychotherapy and mental health rehabilitation are provided with limits determined by diagnosis and level of dysfunction.

### Clientele

Department services are available to persons covered by Medicaid and to other residents who do not have health coverage, on a sliding-scale basis. Priority is given to more severely disturbed clients and children at risk. The majority are persons with little or no income, though there are also some middle-class clients. Most are receiving public assistance and many have relatively severe psychopathology. The client population includes 20% Blacks, 26% Latinos, 2% Asians, and 0.1% Native-Americans (local population 10%, 39%, 6%, and 1%, respectively). 36% of County residents are under the age of 20.

### Hourly Stipend

\$9.75 per hour for 1,900 hours (\$18,525, paid bi-weekly, only for hours actually worked). Holidays and other time off are not paid time, but interns can earn the full stipend and still take off all thirteen staff holidays plus ten days of (unpaid) vacation. Special (unpaid) arrangements can be made for additional hours to total 2,000 if 2,000 hours of internship are required by your school. Interns are hired as County Public Service Employees. The County provides malpractice insurance and worker's compensation coverage but no other benefits.

### Theoretical Orientation

As an organization, the Department of Behavioral Health adheres to the community mental health philosophy, including early treatment of emotional disorders, providing services in non-clinic locations, and responsiveness to constantly changing community needs. California uses the "Rehabilitation Model" for delivery of Medicaid services, with an emphasis on services for those in acute need, the severely and persistently mentally ill, and "at risk" children and families. The Department has made progress in implementing a "mental health recovery" philosophy of care, which places emphasis on optimism regarding client improvement, better assistance with basic resource needs, client empowerment, re-integration into the community, and the value of client self-help. Outpatient services involve a strong emphasis on brief treatment and group treatment. The Department has a set of evidence-based practice guidelines that staff consult while planning care, based on American Psychological Association and American Psychiatric Association findings and position statements. A wide range of theoretical orientations is found among our staff, including persons of the ego-psychological, general psychodynamic, cognitive-behavioral, humanistic, and Adlerian persuasions. The Department is committed to the multidisciplinary team concept, and interns will gain experience working alongside those of other disciplines as part of a services team.

### Internship Mission

The mission of the program is to provide clinical psychology internship training of as high quality as possible, for the purpose of preparing doctoral psychology students to practice ethically and with excellence as clinical psychologists, providing services in ways that respect and preserve the rights and dignity of all in society. We seek to prepare interns to function well in later employment, particularly in public mental health (and we encourage them to apply for positions with the Department following graduation). The training program helps interns to provide effective, appropriate, high quality services to Department clients as a part of their training.

## **Internship Philosophy of Training**

The internship program's philosophy of training is most similar to the "practitioner-scholar" model. It provides practical training and experience in those activities fundamental to the clinical functioning of psychologists (assessment, intervention, consultation, supervision, and research). It encourages careful thinking, evidence-based practice, and regular use of the professional literature to inform practice. Specialization is seen as more appropriate for post-graduate supervised experience, so the major emphasis here is on good, sound, basic training, building on the classroom and practicum exposure to interviewing, psychotherapy, and psychological testing required of all applicants. The internship allows the opportunity to practice, refine, and expand these skills in a real-world setting. (To some extent, specialization interests may be pursued here by careful choice of rotation placements.)

Graduates of this program will have appropriate knowledge, grounding and skill in interviewing, crisis intervention, complete intake assessment leading to formal diagnosis, psychological testing, treatment planning, individual, group, and family psychotherapy, case management, and use of community resources. Interns will also gain a lesser amount of experience in consultation and supervision. All interns will gain some experience with seriously disturbed clients, in day treatment programs or client clubhouses. Interns are encouraged to gain skills as well in couple therapy and mental health rehabilitation. Assessment and treatment of children occur in almost all placements, and interns will receive exposure to the complications of working with dual diagnosis (mental illness and substance use) clients. Interns will receive exposure and training with respect to a wide range of clients on dimensions of age, gender, ethnic background, sexual orientation, and problem type, including psychotic, persistently mentally ill, and suicidal clients. Research is encouraged as another basic skill of psychologists, and interns spend the equivalent of one week of work time either doing a brief applied research project directly relevant to daily clinic operations, client care, or treatment outcomes, or participating in ongoing Departmental research (currently, clubhouse effectiveness, recovery model effectiveness, psychotherapy effectiveness, access of ethnic groups to services, telemedicine, and staff cultural competence). The time needed to accomplish basic clinical training precludes having community outreach or other indirect services form more than a small part of an intern's experience.

The program strives to provide interns with insights regarding general human functioning that are applicable to all people, so that mental and emotional problems can be understood as a subset of the broad range of human experience and behavior. The scientific and professional literature is used throughout the year to encourage a comprehensive understanding of human behavior and to keep us mindful of the research support (or lack thereof) for our ideas and techniques.

All interns will spend at least six months in a general outpatient clinic. To structure the clinical learning experience, minimum requirements are set for the year--for the full-time intern, 15 intake evaluations, 12 test batteries, 400 hours of psychotherapy (including minimums of 50 hours of group therapy, 100 individual hours, 20 hours of family therapy, and 10 hours with the elderly), four crisis interventions, 75 hours of day treatment or client clubhouse experience, two consultations apart from psychological testing consultations, 20 hours of case management activities, one presentation for the intern seminar, and the use for supervision of 24 recorded tapes or observed sessions. Interns are expected to correctly diagnose two-thirds or more of the diagnostic vignettes in a diagnosis test given late in the training year. These and other requirements are translated into a set of 47 outcome goals, and it is our program goal that every intern will achieve at least ninety percent of these goals. It is a goal of the program that by the end of the internship, interns will be functioning with clinical skill competence, responsibility, judgment, and ethical sensitivity adequate for entry into the post-degree, pre-licensure practice of clinical psychology.

We believe that better training is achieved through longer and more in-depth experiences than through a greater number of brief experiences, so interns select two six-month rotations for the year. Interns may stay in their initial general outpatient rotation for the entire year if their training goals are being met there (and if remaining there does not make it impossible for another intern to complete required rotations).

Generally speaking, we expect 40% of an intern's hours to be spent in client contact (16 hrs./wk. FT, 8 hrs./wk. HT). Interns do contribute significantly to the programs in which they work, but the training experience is judiciously protected from program demands by the Coordinator and the supervisors.

Opportunities for the development of professional identity are provided through the examples of supervisors, discussion of professional issues in the intern seminar, the semi-monthly psychology meeting, the interdisciplinary work in the clinics, addressing professional roles and ideals in supervision, and occasional activities with psychologists at other facilities.

It is my belief, as internship coordinator, that clinical psychologists must know themselves well in order to be maximally effective as professionals. Our individual and group supervision sessions, therefore, are used not only to discuss cases and professional issues but also to provide opportunity for personal examination and feedback and a chance to reflect on how our personal characteristics and feelings affect our functioning as psychologists. Openness to this process of self-examination and honest, helpful feedback to and from others is highly encouraged. One hour per week is made available for a voluntary process or counter-transference group for interns, in which further discussion and exploration of countertransference issues may take place.

(The internship program's policy statements from the internship manual regarding its mission, its outcome goals and self-assessment methods, and its philosophy of training are available upon request.)

### **Training Program Components**

The most important training experience here is an intern's actual clinical work (together with the supervision on that work). There is also a weekly two-hour didactic seminar with presentations on psychopathology, treatment modalities, psychological testing, ethics, and professional issues. Each intern contributes one presentation to this seminar (or to a meeting of the psychology staff) during the year. There is a testing consultation seminar every other week. Interns are encouraged to attend Department-sponsored training for staff (averaging four hours per month). Most clinics hold interesting case conferences weekly. Training in multi-cultural issues, clinical supervision, and ethical/legal issues is available every year through Departmental inservice training, and training in DSM-IV and medical record-keeping is provided to new staff. Several half-day retreats are held during the year for all supervisors and interns. The intern process group mentioned above has been felt by a number of interns to have been important in helping them to make good use of the other training experiences, and informal interaction with other interns in discussing cases and problems has also been very helpful and meaningful.

### **Typical Intern Week**

Exact hours will vary with the different programs of assignment, but the internship structure and requirements will typically result in a weekly (full-time) schedule such as the following:

- 10 hrs. treatment
- 2 hrs. intake
- 4 hrs. testing, scoring, and/or report writing
- 2 hrs. individual supervision

- 2 hrs. group supervision by Coordinator
- 2 hrs. intern didactic seminar
- 1 hr. testing consultation meeting
- 1 hr. intern process/countertransference group
- 1 hr. clinic staff meeting
- 2 hr. clinic treatment team and/or case conference meetings
- 4 hrs. clinical records, letters
- 9 hrs. consultation, crisis intervention, collateral, case management, research, inservice training, etc.

### **Supervision**

Full-time interns receive two hours of individual supervision each week from licensed psychologists in their programs of assignment. They also receive two hours of group supervision from the Coordinator each week. (Half-time interns receive one individual hour and two group hours of supervision.) The program requires the use of tapes of client sessions in both individual and group supervision. In group supervision sessions, I will be taking a process approach to supervision, emphasizing the interactional processes of therapists and clients together, motivations for all behaviors (of both clients and therapists), emotions that are being avoided, and transference and countertransference issues. My own theoretical orientation integrates psychodynamic, existential, and experiential ideas. All hours of training in the intern program will be arranged so as to count toward psychology licensure in California.

### **Evaluation**

Supervisors provide formal evaluation of an intern's abilities and performance after the first, second, and fourth quarters of the training year (and after the third quarter also if that third quarter is spent with a new supervisor). Outcome goals are evaluated at the end of the fourth quarter. Individual conferences with the Coordinator at the end of each rotation provide an opportunity for summarizing and planning for the future. Interns evaluate their supervisors at the end of their supervisory association and evaluate the internship program quarterly and at the end of the training year. After leaving the program, interns are surveyed for further feedback about the program after one year and five years of further experience.

### **Rotations**

Subject to the approval of the Coordinator, interns will select two placement rotations for the year from the Department programs listed below (including at least one general outpatient clinic) and will list them on the first page of the program's supplemental application form. In general, it is expected that these will be two six-month rotations. Interns may remain in one general outpatient rotation for the entire year, as long as remaining there does not make it impossible for other interns to complete necessary rotations. At some time during the year, each intern will participate for at least 75 hours in a day treatment program or client clubhouse (37 hours for half-time interns). Some outpatient clinics have their own day treatment programs, but a day treatment program in another facility may be utilized if necessary. Each intern will contribute to the "walk-in" crisis needs of clients in the outpatient clinics in which they work. Rotations may also be chosen to accommodate special training needs or personal interests of an individual student. You should discuss these interests with the Coordinator before accepting a position in our program.

You will indicate your rotation preferences on the application form, and initial rotations will be established by the Coordinator immediately following selections, with competing placement requests resolved first by degree of training need and secondarily by maximizing requested rotation matches for the entire intern group. Final acceptance into a rotation will be contingent on the approval of the placement's intern supervisor and clinic supervisor upon your arrival here.

The following descriptions give an overview of the various Department programs. Sites listed as having no psychologist or no psychology supervisor on staff are not currently available as rotations (except for the client clubhouses). Information regarding psychologist supervisors is listed with each site (even for those sites that do not currently offer a rotation). Generally there is only one intern at each site.

## **Programs**

### **General Outpatient Programs Available for Rotations**

Mesa Clinic, at the Behavioral Health Resource Center in Rialto, provides the full range of outpatient services. (One psychologist is currently on staff, and Dr. Ebbe, Dr. Havert, and Dr. Thorn, who work in the same building, also provide supervision for interns at Mesa. 850 E. Foothill Blvd.; Rialto CA 92376

**Christopher Ebbe, Ph.D., ABPP (1971, University of Missouri at Columbia) (909-873-4456)**

I tend to treat the more difficult adult clients. My orientation could be described as psychodynamic/existential/experiential, but I conceptualize descriptively, rather than according to any theory, with motivation, self-concept, self-esteem, cognitive errors, and avoidance of emotions as primary themes. I am interested in a unified theory of psychopathology, how assumptions about reality are formed and changed, computers in psychology, and how we define mental health. With clients, I alternate between client experiencing (feelings, etc.) and insight. I have written and presented on self-esteem, brief treatment, and supervision and would like to supervise outcome research. I focus most in supervision on the supervisee achieving an empathic and comprehensive understanding of clients.

**Larry Havert, Ph.D. (1991, Sierra Univ.) (909-421-9452)**

I believe the aim of therapy is to assist clients to live more fully and authentically and that this can best be accomplished by a collaborative effort in which both client and therapist are open to change. My approach combines Western psychology, over twenty years of experience, and Eastern psychological and spiritual teachings. From a Western perspective my primary framework is a mixture of cognitive-behavioral, attachment theory, and family systems orientations. The Eastern traditions have helped me to listen with an open mind, accept people where they are, and create an environment for clients to expand their awareness, work with their suffering, and implement change in their lives.

**Kipp Thorn, Psy.D. (1999, Baylor Univ.) (909-421-9428)**

Aside from biological or organic bases of psychological disturbance, the quality of attachment relationships in development is the most critical factor in the origin and progression of mental pathology. Accordingly, I view the primary mission of the typical therapeutic alliance as the scrupulous exploration of developmental injuries, particularly in childhood, and with specific attention to the influence of primary caregivers. In cases with good pre-morbid functioning, better prognostic indicators, and less overall dysfunction, therapy often takes on a more supportive, solution-focused, and less exploratory character. Therefore, while Object Relations theory exerts a strong influence on the way I conceptualize and treat cases, I readily accommodate other perspectives and techniques as appropriate. My style as a supervisor is guided by an awareness of the often stressful nature of the life of an intern. I believe in providing an enjoyable, collegial, non-judgmental learning environment, attending to countertransference issues, and flexibly responding to a supervisee's needs within the clinic environment.

**Vista Clinic in Fontana provides the full range of outpatient services, including school outreach. (Two psychologists are currently on staff.)**  
**17216 Slover Ave., Bldg. L; Fontana CA 92337**

**Lisa Marie Shelton, Ph.D. (1997, Univ. of Iowa)**

**(909-854-3420)**

**I believe that the establishment of an environment in which the client feels accepted, heard, understood, and free to express themselves is the most important step in creating an avenue for the client to make positive changes in their life. My theoretical framework is a mix of cognitive-behavioral, client-centered, and family systems approaches. I also tend to use psychodynamic interpretations with regard to play therapy with children, who make up more than half of my caseload. I view supervision as a growth experience for both parties.**

**Dr. Vicki McWain, an experienced specialist in children's evaluation, assists with supervision at Vista.**

**The Nueva Vida Clinic in Colton is a small clinic focusing on children's needs. One psychologist is on staff.**  
**290 N. 10th St., #102; Colton CA 92324**

**Jilayne Gouvion, Ph.D. (1993, Calif. School of Prof. Psych.-San Diego)**

**(909-825-6188)**

**(Dr. Gouvion is a strong advocate for clients, both adult and child, and has completed psychopharmacology and child neuropsychology training.)**

**The Chino Dual Diagnosis Clinic is staffed by mental health and substance treatment staff and provides services to clients with problems in both areas. (Two psychologists are currently on staff.)**

**6180 Riverside Dr., suite H; Chino CA 91710**

**Timothy DeChenne, Ph.D. (1975, Univ. of Chicago)**

**(909-590-5355)**

**Dr. DeChenne completed his internship with Kaiser Permanente Medical Group in Los Angeles. He served on the faculty of State University of New York--Geneseo, and later became Associate Director of the Counseling Center at the University of California—Riverside, where he coordinated the internship program. He joined DBH in 1997 and is currently a Clinic Supervisor at Chino. He has published in several areas, including personality disorders, social attitudes, and the self-concept, and he is an editorial consultant to "Psychotherapy," the journal of APA's Division of Psychotherapy. He has an eclectic, multimodal approach to clinical work, with particular interest in brief therapy and in models of clinical supervision.**

### **Specialty Clinics Available for Rotations**

**The Forensic Program monitors and treats "conditional release" outpatients from state institutions who are still under court jurisdiction due to being not guilty by reason of insanity, incompetent to stand trial, or mentally disordered offenders. A separate section of the program provides clinical services in the jails. Experience in the jail would involve work on the custody units doing crisis assessments and providing some therapy. (Three psychologists are currently on staff.) Dr. Assandri is the supervisor for Conditional Release, and Dr. Smith for the STAR Program (mentally ill court diversion).**  
**1330 Cooley Dr.; Colton CA 92324**

**Maurizio Assandri, Ph.D. (1986, Calif. School of Prof. Psych. - San Diego)**

**(909-423-0750)**

**Dr. Assandri has been licensed since 1990. He has worked in the Conditional Release Program since 1986. His orientation is psychodynamic, including object relations, with a strongly cognitive approach. Specialty areas are forensic services, court-ordered adult and juvenile evaluations, sex offender evaluation and treatment, insanity and incompetency evaluations, malingering, and the assessment of dangerousness.**

**Ron Smith, Ph.D. (1991, United State Int'l. Univ.)**

**(909-423-0750)**

**My theoretical orientation to psychotherapy is dominated by object relations, cognitive behavioral, and system theories, Functionally, I see psychotherapy as an experiential process in which fundamental conflicts, deficits, and unawareness can be resolved through increased awareness and integrative processes informed by therapist feedback/interaction and client experience. Ultimately, the client should acquire intra- and interpersonal conflict resolution skills that will enable him or her to function independently of therapist support. I emphasize the identification of core values, motives, and meaning through the exploration of emotions, the identification and correction of cognitive errors and misinterpretations of experience, the identification and experience of prototypic relationships as templates for such interpretative biases embodied in cognitive errors, and the skilled use of feedback systems to facilitate client change. In supervision I attempt to provide a learning environment where the intern will have an opportunity to further develop and crystallize his or her own theoretical and practical style of therapy. I emphasize therapist awareness, emotional congruence, and countertransference issues when appropriate.**

**The Research and Evaluation section located at the Central Unit collects and analyzes client demographic and treatment outcome data for management information and reporting purposes. Interns could be involved in the use of the Department's huge client information database to answer questions of interest.**

**700 E. Gilbert St.; San Bernardino CA 92404**

**Keith Harris, Ph.D. (1988, United States International University)**

**(909-387-7754)**

**Although not discounting more traditional psychological theories and my own background with a psychodynamic orientation, I have come to believe that a careful application of ethological methods to the study of human behavior provides a very useful window into our nature. Such a practical point of view, when integrated with actuarial studies and empirically based psychological research, seems to me to offer a solid foundation upon which psychology can launch itself into the new century. I also very much enjoy following current research in various related fields (e.g., medicine, palaeoanthropology, psychiatry), looking for data possibly useful to psychology. Interests include "post-modern" psychology, psychotherapy outcomes, and philosophical and theoretical psychology. Recently I've written reviews of several books about psychotherapy outcome research, and I am growing increasingly interested in research design and methodology.**

**The Department has six client clubhouses (activity and socialization centers), in San Bernardino, Rialto, Redlands, Morongo Basin, Rancho Cucamonga, and Victorville. Upland Clinic has a strong afternoon drop-in program for seriously and persistently mentally ill clients. The BHRC houses a very active client support and advocacy group called Pathways to Recovery. An intern involved with these programs would provide informal counseling, facilitate support groups, teach psychoeducation courses, assist with vocational training, and assist with clubhouse projects. There are no psychologists on staff at these facilities, but off-site supervision will be provided.**



## **General Outpatient Clinics Not Available for Rotations**

**The Central Unit's East Valley Resource Center (the largest of the Department clinics) provides the full range of outpatient psychotherapy service modalities for children and families. Individual, conjoint, family, and group therapy are provided. (There is currently no psychologist on staff.)**

**820 E. Gilbert St.; San Bernardino CA 92404**

**Phoenix Clinic, in San Bernardino, provides medications and case management for adult seriously and persistently mentally ill clients. (One psychologist is currently on staff.)**

**700 E. Gilbert St.; San Bernardino CA 92404**

**Tim Webber, Ph.D. (1993, Fuller Graduate School of Psychology)**

**(909-387-4914)**

**My orientation is primarily cognitive-behavioral but informed extensively by existential and psychodynamic approaches. I have worked in a variety of clinical settings, private and public, with adult, adolescent, and child clients, in inpatient, outpatient, and day treatment settings. I am currently the Clinic Supervisor for the Phoenix Clinic at EVRC.**

**Upland Community Counseling Center, approximately 20 miles west of San Bernardino, provides the full range of outpatient services to both adults and children and has a strong afternoon drop-in program for seriously and persistently mentally ill clients. (Four psychologists are currently on staff, but no rotation is currently available.)**

**934 N. Mountain Ave, #C; Upland CA 91786**

**Carol Michelson, Ph.D. (1984, Wright Institute--Los Angeles)**

**(909-579-8100)**

**Dr. Michelson has worked with SBCDBH since 1984 and has been a Clinic Supervisor for the last seven years. She has publications in the area of cross-cultural psychology and was a co-recipient of the Stirling Award from the American Anthropological Association for outstanding research in Culture and Personality Studies. She has a private practice and occasionally teaches undergraduate courses. Her treatment orientation is psychodynamic, specializing in services to women, trauma survivors, and to gay and lesbian clients. Interests include the influence of gender and power on language and cross-cultural personality and socialization issues. Dr. Michelson has received awards from the San Bernardino County Mental Health Commission and from the County Board of Supervisors.**

**Tim Hougen, Ph.D. (1992, Rosemead School of Psychology)**

**(909-579-8100)**

**I direct three programs—adult day treatment, a time-limited intensive children's program, and an adult case management program. My experience has focused on working with seriously and persistently mentally ill adults, children, and their families. Treatment and supervision are provided from a strengths-based perspective, and although somewhat eclectic, I rely strongly on gestalt, Jungian, and rehabilitation theories. My internship was at the University of Rochester School of Medicine.**

**The Victor Valley Clinic in the County's high desert area--one of our busiest clinics--provides outpatient assessment and treatment services for adults and children, as well as day treatment. A client clubhouse is next door. (One psychologist is currently on staff, but no rotation is available.)**

**The Casa Ramona Clinic provides services in the barrio of San Bernardino. (No psychologist is currently on staff.)**

### **Specialty Clinics Not Currently Available for Rotation**

**The Homeless Program provides brief shelter and food for the mentally ill homeless and attempts to involve them in mental health treatment and employment. (Exposure is available, but a regular rotation is not available at this time. One psychologist, Lori Swindle, Ph.D., is on staff.)**

**The Perinatal Program at the Behavioral Health Resource Center in Rialto provides mental health services for pregnant women and mothers who have both emotional and substance use problems. (No psychologist is currently on staff.)**  
**850 E. Foothill Blvd.; Rialto CA 92376**

**The CalWORKS program assists clients on public assistance to overcome emotional barriers to resuming paid employment. (Currently one of the four offices has a psychologist, Dr. Gene Carlson, but no rotation is available.)**

**The new Quality Management Unit oversees compliance of Department staff and units with Federal, State, and local regulations (including Medicare, Medi-Cal, and HIPAA). It also plans and implements the Department's quality assurance program. Interns could learn a great deal about establishing procedures and regulations and monitoring clinical and administrative behavior. (Three psychologists are on staff, but no rotation is available.)**  
**850 E. Foothill Ave.; Rialto CA 92376**

**The Juvenile Justice Outpatient Program in the San Bernardino Juvenile Hall provides mental health evaluation and treatment for incarcerated minors. (No psychologist is currently on staff.)**  
**870 E. Gilbert St.; San Bernardino CA 92404**

**The Juvenile Evaluation and Treatment Service in the West Valley Detention Center provides mental health evaluation and treatment for incarcerated minors. (No psychologist is currently on staff.)**  
**9478 Etiwanda Ave.; Rancho Cucamonga CA 91739**

### **Facilities and Environment**

**The Central Unit is located in a pleasant residential area of San Bernardino, housed in one new and three other comfortable buildings. The largest Department center is at the Behavioral Health Resource Center in Rialto. Outlying clinics are generally in new facilities. The staff are pleasant, friendly and competent, and interns have always been welcomed in the working programs. Office space for interns is sometimes sparse, but we usually cope adequately. The Department has a small professional library and a small audio/visual center. The County Medical Center library is also available to interns. The internship program has two video cameras for taping client sessions, MMPI-2, MMPI-A, and MCMI-3 scoring programs, a Rorschach report program, and computers (and internet access) for all interns.**

**San Bernardino has a population of 180,000 and is marvelously located in terms of various outdoor and urban activities within reach. The professional and entertainment stimulation of Los Angeles is one hour away, and we are only 30 minutes from Ontario International Airport. The Southern California beaches are only an hour away. With only a half hour of commuting, you can live in a cabin in the mountains. San Diego and Mexico are approximately three hours away. The Redlands Bowl provides outdoor summer entertainment. There are six four-year colleges within ten miles of San Bernardino, including two campuses**

of the state system. The climate is quite dry and warm. There is smog in the summer (which might cause problems only for those who already have respiratory problems), but winters are beautiful.

### **Minority Interns, Supervisors, Clients, and Communities**

The internship program and the Department desire to attract and retain qualified professionals from diverse ethnic and cultural backgrounds, especially those who are bilingual. The internship has been roughly on a par with other internship programs in its enrollment of minority interns--including three in the 98-99 class, one in the 99-00 class, two in the 00-01 class, five in the 01-02 class, two in the 02-03 class, four in the 03-04 class, none in the 04-05 class, and one in the 05-06 class. The Department prefers to hire our own interns as employees following their training when possible, and most years between one and three of the interns take staff positions, with minority interns being especially desirable. Others have been hired at the local state hospital or have joined private practice groups. The six nearby colleges and universities are useful sites for professional peer contacts.

As noted above, the local population includes 10% African-American, 39% Latino, 6% Asian, and 1% Native-American residents. The Department prints client information in English and Spanish, and the Upland Clinic has a notable Vietnamese client group. The Department professional staff percentages for African-Americans, Latinos, and Asians are 13%, 18%, and 10%, respectively, and the total Department employee percentages are 15%, 24%, and 7%, respectively. Currently there is one African-American supervisor but no Latino or Asian supervisor among the regular intern supervisory staff. One intern supervisor is from Italy. The regular supervisors include five women and six men.

The client populations of several Department clinics make it possible for interns to make significant contributions to the needs of minority clients (Mesa 22% Latino and 36% Black).

The Department is in the process of developing a comprehensive cultural competency program. Each year training presentations are held regarding the treatment of minority clients, both for all treatment staff and in the intern seminar.

There are local chapters of the NAACP, the Urban League, and the National Council of Negro Women. We also have a San Bernardino County Black Employees Association, a Black Teachers Association, an Association of Black Probation Officers, various Black sororities and fraternities, and a monthly meeting for social contacts and general networking called First Friday Social Activities. We have a County Hispanic Employees Alliance. There are local newspapers and radio and TV stations in Spanish, and newspapers from Mexico City are flown in daily. Cinco de Mayo celebrations are a major event in the total community. There is an association of community professionals called Trabajadores Para La Raza.

If you would like to speak directly with minority staff members, you may call Chanel Williams (a former intern in this program) at 909-421-9380 or supervisor Dr. Lisa Shelton at 909-854-3420. If you request it in advance, we will have available following your interview here a minority staff member to discuss with you the situation of minorities in the Department and in the community.

### **Accreditation**

The program was first accredited by the American Psychological Association (750 First St. NE; Washington DC 20002-4242, 202-336-5979) as of May 1992, and it is currently accredited through September, 2005. Its next accreditation site visit will be in fall, 2005. It is a member of the Association of Psychology Post-Doctoral and Internship Centers

## Research

Opportunities are available to do dissertation research that has been approved by the Department's Research Committee. In addition, each intern performs a brief applied research project (the equivalent of one week of work time) on treatment outcomes or some other topic of direct benefit to daily Department operations or client care, or participates in ongoing Departmental research. (Current Departmental topics--measurement of client recovery, psychotherapy effectiveness, effectiveness of clubhouse programs, access of ethnic groups to services, staff cultural competence, and telehealth services.)

## Hours

Interns work 40 hours per week, full-time. Everyone reports for work at 8 a.m. All interns must be present on Friday each week for group supervision and for the didactic intern seminar. If you will be taking courses while interning here, check with your school to make sure that you can be here every Friday from 8 a.m. through 2 p.m. throughout the year. Interns are limited by the Federal Fair Labor Standards Act to 40 hours per week, and the Department allows no more than ten work hours per day. Evening and weekend hours are not currently required, and carrying a beeper is not required. Interns who intend to continue separate private practices should only accept positions here if practice activities would cause no infringement on a Monday through Friday, 8 a.m. to 5 p.m. internship schedule. Special (unpaid) arrangements will be made for students needing 2,000 hours of internship, if necessary. Interns can take ten days of (unpaid) vacation during the year and still earn the full stipend.

## Current Interns

Our 04-05 interns were from the Rosemead Graduate School, Argosy University (Honolulu), Phillips Graduate Institute, Pacific Graduate School, Azusa Pacific Univ., and McGill Univ. The 05-06 interns are from Azusa Pacific Univ., Loma Linda Univ., and the Univ. of LaVerne. In most of our intern groups, a variety of theoretical orientations are represented.

## Positions Following Internship

In most years between one and three of our interns are hired as Department staff. One or two seek positions in formal postdoctoral training programs. (We provide required licensing supervision for staff here but do not have a formal postdoctoral program.) Others take positions in state hospitals, prisons, or other county mental health agencies, or return to previous private practice arrangements. Occasionally an intern goes into academia.

## Qualifications

Essential applicant qualifications are completion of at least three years of graduate study in psychology, current enrollment in a clinical or counseling psychology program (Ph.D. or Psy.D.) at a regionally-accredited graduate school of psychology, certification by the graduate school of readiness for internship, and adequate course work and practicum background in psychological testing and psychotherapy (at least 1000 practicum hours and at least three courses in psychotherapy). You must be skilled in the administration and scoring of a standard battery of tests and have some familiarity with the interpretation of them. You must have had at least one course covering intellectual assessment, one covering objective tests, and one covering projective tests. You must also have had actual practicum course experience in psychotherapeutic work. Other experiences will not satisfy this requirement. Other minimum amounts of experience required include at least four test reports integrating data from four or more tests and at least five intakes or other mental health evaluation interviews during the course of which you made a DSM-4 diagnosis. Specific criteria we

have developed will be applied in the evaluation of course work and experience of students in non-traditional programs. While the degree of participation in countertransference-oriented supervision is decided by the individual intern (along with a clear program distinction between supervision and psychotherapy), this activity is an important element in the program's model of training, and interns who do not wish to engage in this learning method will probably feel out of place here. Preference may be given to applicants from APA-accredited graduate programs. The County is an Equal Opportunity/Affirmative Action employer. Minority and bilingual (including sign language) applicants are encouraged to apply. Neither the County nor the internship program discriminates on the basis of age, race, ethnic background, gender, sexual orientation, socioeconomic background, handicap, religion, or health status. An applicant's ability to conform to this non-discrimination policy is a relevant selection criterion. Final acceptance is contingent on a brief health screening evaluation given by the County to selectees before the start of the internship, including a urine drug and alcohol screen and two TB tests.

### **Application Procedures**

**Submit by Nov. 15, 2005—**

- \_\_\_\_\_ APPIC uniform application form (including practicum form, ethics attestation, and school certification of internship readiness)
- \_\_\_\_\_ DBH supplemental application (available on disk or by e-mail, in MS-Word)
- \_\_\_\_\_ transcripts (graduate psychology work only)
- \_\_\_\_\_ vita
- \_\_\_\_\_ two letters of reference from those who know your clinical work
- \_\_\_\_\_ personality self-description (see DBH application)

Applications will be screened and rated. (Samples of your work that you may submit will not be used in these ratings.) Selected applicants will be offered one-hour interviews (in-person interview required for all Southern California applicants). Acceptances will be accomplished through the computer match program sponsored by the Association of Psychology Post-Doctoral and Internship Centers. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Please check materials mailed to you by National Matching Services, but current program tracks being offered, and their National Matching Services numbers are--

- 115112 Full-time, General Outpatient (two 6-month general outpatient rotations) (4 positions)
- 115114 Full-time, Outpatient & Forensic (6 months forensic & 6 months general outpatient) (2 positions)
- 115113 Half-time, General Outpatient (two-year expectation) (1 position)

**In the national selections match, it will be to your advantage to rank all of our program tracks that you would be willing to accept.**

If you have questions about the program, you may contact any intern or supervisor or

Christopher Ebbe, PhD, ABPP, FAAClinP  
Mental Health Intern Program Supervisor  
San Bernardino County Department of Behavioral Health  
850 E. Foothill (D117)  
Rialto CA 92376  
Telephone: (909) 873-4456 FAX (909) 873-4461  
E-mail cebbe @ dbh.co.san-bernardino.ca.us

**brochure on web site: [hss.co.san-bernardino.ca.us/psychint](http://hss.co.san-bernardino.ca.us/psychint) (do not prefix with "www")**

Rev: 8/05 D81\brochureandappl05.doc

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH**

**PSYCHOLOGY INTERNSHIP PROGRAM  
SUPPLEMENTAL APPLICATION 2006-2007**

(This supplemental application is available in MS-Word, on disk or by e-mail. The submitted application must be a printed copy. The APPIC application is available from your graduate school or on the internet at <http://www.appic.org>.)

*(The underlines indicate where your answers are to go in the items below. The underlines may be erased as you fill in your answers if you use a word processor. Feel free to complete the first two pages by hand. We regret the duplication of some data from the APPIC form, but it is essential for our processing of large numbers of applications.)*

NAME \_\_\_\_\_ GRAD. SCHOOL \_\_\_\_\_

CURRENT HIGHEST DEGREE IN PSYCHOLOGY \_\_\_\_\_

**ROTATION PREFERENCES** Choose two six-month rotations from those listed as available in the program brochure, and list them in order of preference. (At least one of them must be a general outpatient rotation.)

(1)

(2)

Other special interests that you have in particular programs or specific populations here:

\_\_\_\_\_ I am applying for one of the six full-time positions planned for 06-07.

\_\_\_\_\_ Are you a U.S. citizen?

If not--do you have a work permit valid through the end of the internship? \_\_\_\_\_

do you have a currently valid passport? \_\_\_\_\_

do you have a valid I-20 from the INS? \_\_\_\_\_

\_\_\_\_\_ Degree you will receive (Ph.D., Psy.D., Ed.D., etc.)

\_\_\_\_\_ The department issuing your doctoral degree (psychology, education, etc.)

\_\_\_\_\_ Your area of concentration for your degree (clinical, counseling, etc.)

\_\_\_\_\_ Is your program APA-accredited?

\_\_\_\_\_ If not, is your program regionally-accredited?

\_\_\_\_\_ Are you available for the start (July 1) through the end (June 30) of our internship year?

\_\_\_\_\_ Number of times you have administered, scored, and interpreted the full intelligence test (e.g., WAIS-3) that you have used the most (name of test\_\_\_\_\_)

\_\_\_\_\_ Number of times you have administered, scored, and interpreted the major objective test (MMPI2, MCMI3, 16PF, etc.) that you have used the most (name of test\_\_\_\_\_)

\_\_\_\_\_ Number of times you have administered, scored, and interpreted the major projective test that you have used the most (name of test\_\_\_\_\_)

\_\_\_\_\_ No. of testing reports you have written integrating data from 4 or more tests (min. 4 required)

\_\_\_\_\_ Number of intake interviews, initial assessments, client histories, or other mental health evaluation interviews you have done, at the conclusion of which you made a DSM-4 diagnosis of the client (minimum 5 required)

\_\_\_\_\_ Number of courses you have taken in psychotherapy, counseling, and other treatment methods (minimum 3 required)

\_\_\_\_\_ Estimated total number of supervised therapy hours (with clients) that you will have done by 6-30-06

\_\_\_\_\_ TOTAL PRACTICUM HOURS AS OF NOVEMBER 1, 2005 (from APPI 2005-2006 Section 3, #4, GRAND TOTAL, Doctoral through Nov. 1 plus Masters)

\_\_\_\_\_ TOTAL PRACTICUM HOURS AS OF JUNE 30, 2006 (use APPI 2005-2006 Section 3, #4, GRAND TOTAL, Doctoral through Nov. 1 plus Masters plus Est. after Nov. 1) (minimum 1000 required)

\_\_\_\_\_ Total hours of internship you wish to accrue in our program (must be at least 1900)

\_\_\_\_\_ Have you taken a course that devoted over half of the course time to brief treatment methods?

\_\_\_\_\_ Have you had treatment experience with both adults and children?

\_\_\_\_\_ Can you perform treatment in Spanish, Vietnamese, Tagalog, Chinese, Japanese, Thai, or sign language?

\_\_\_\_\_ What is your expected doctoral graduation date?

\_\_\_\_\_ Have you received two or more grades of C or below in graduate-level psychology courses? If so, explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total number of hours you will have completed in graduate psychology courses by 6-30-06  
Are these semester hours or quarter hours?\_\_\_\_\_



**List courses in psychological testing and give number of units for each.**

**(For the next three questions, survey courses and test and measurements courses do not count.)**

**Title of course you have taken that trained you to administer and interpret intelligence tests**

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**Title of course you have taken that trained you to administer and interpret objective tests (MMPI2, MCMI3, etc.)** \_\_\_\_\_

**Title of course you have taken that trained you to administer and interpret projective tests**

---

**List courses in psychotherapy and give number of units for each. (minimum 3 required)**

**Are these semester hours or quarter hours?** \_\_\_\_\_

**What are some of your personal weaknesses, hang-ups, and countertransference issues that have affected your work with clients? Describe where you stand with these issues currently. (In this program, we are looking for and appreciate your self-awareness and candidness.)**

**Please attach a one-page personality description of yourself, including notable traits and major dynamics and conflicts, using clinical constructs and terminology as appropriate. We are interested in your ability to view yourself objectively and to recognize all aspects of yourself using what you have learned in your training. (Do not submit an autobiographical statement describing your life history or background, as in the APPIC application.)**

**You may wish to inform those sending reference letters that we are especially interested in their observations regarding your insight into yourself and your interest in dealing with countertransference and relational process issues.**

**Please send by our application deadline Nov. 15, 2005--**

- \_\_\_\_ APPIC application (including the practicum section, the ethics attestation, and the school verification of readiness form) (printed; no e-mail submissions)**
- \_\_\_\_ this DBH supplemental application (printed; no e-mail submissions)**
- \_\_\_\_ transcripts (graduate work in psychology only)**
- \_\_\_\_ vita**
- \_\_\_\_ two letters of reference from those who know your clinical work**
- \_\_\_\_ your personality self-description (staple to DBH application)**

**You are encouraged to e-mail or call with questions. Send materials to:**

**Christopher Ebbe, Ph.D., ABPP, FAAClinP  
San Bernardino County Department of Behavioral Health  
850 E. Foothill Blvd. (D117)  
Rialto CA 92376  
909-873-4456  
FAX 909-873-4461  
e-mail [cebbe @ dbh.co.san-bernardino.ca.us](mailto:cebbe@dbh.co.san-bernardino.ca.us)**

**Signature\_\_\_\_\_ Date\_\_\_\_\_**

***D8I\appl06***